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## **OLR Bill Analysis**

**sHB 5499 (as amended by House "A")\***

### ***AN ACT CONCERNING REGULATIONS RELATING TO HOSPICE CARE.***

#### **SUMMARY:**

Current law authorizes a Department of Public Health- (DPH) licensed or Medicare-certified hospice to operate a specialized residence for the terminally ill that provides hospice home care and supportive services. The bill authorizes only a DPH-licensed hospice to operate a residence and allows the hospice to also operate a "hospice facility" that provides hospice home care or hospice inpatient services. (The bill does not distinguish between a facility and a residence.)

The bill extends to a hospice facility the current requirement for a residence that it (1) provide a home-like atmosphere for patients for an appropriate time period and (2) cooperate with the DPH commissioner to develop licensure and operational standards.

The bill also makes technical changes.

\*House Amendment "A" adds the restriction allowing only DPH-licensed hospices to operate a hospice residence or facility. It also removes the provisions in the original file that (1) added "short-term hospital special hospice" and "hospice facility" to the statutory definition of health care "institution" and (2) limited DPH's duty to adopt, amend, and enforce regulations only in the Public Health Code regarding classifications of licensed health care institutions, leaving the requirement unchanged.

EFFECTIVE DATE: Upon passage

#### **BACKGROUND**

##### ***DPH Proposed Hospice Regulations***

Currently, DPH regulates hospices that are considered free-standing

or established as a distinct unit within a health care facility (e.g., inpatient hospice facilities). DPH regulations define “hospice” under the broader category of “short-term hospital special hospice.” Inpatient hospice facilities must meet a variety of requirements concerning physical plant, administration, staffing, records, and infection control. A home care program offered by an institutionally based hospice is also subject to DPH regulations. The program must address the physical, psychological, and spiritual needs of the patient and family and provide services 24 hours a day, seven days a week.

In March 2011, DPH published notice of its intent to amend these regulations to create a second licensure category for inpatient hospice facilities called “hospice facility.” The proposal keeps the existing “short-term hospital special hospice” licensure category so that facilities that want to continue to provide hospice services at a hospital level of care may do so. The new “hospice facility” licensure category would allow entities to create new facilities under regulations based on Medicare’s minimum regulatory requirements for inpatient hospital facilities (42 CFR § 418.110). (These requirements are less stringent than the department’s current short-term hospital special hospice regulations.)

DPH held a public hearing on the proposed regulations in April 2011. The proposal was submitted to the attorney general’s office for final review in March 2012 after which it will be submitted to the Regulation Review Committee for legislative approval.

### **COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/26/2012)